

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form A - General Facility Standards

I. General Information:

(A) Facility Name: MONSANTO / W.G. Krumreich Plant  
(B) Street: Route 3  
(C) City: Sangert (D) State: IL (E) Zip Code: 62201  
(F) Phone: 618/271-5835 (G) County: St. Clair  
(H) Operator: MONSANTO COMPANY  
(I) Street: Route 3  
(J) City: Sangert (K) State: IL (L) Zip Code: 62201  
(M) Phone: 618/271-5835 (N) County: St. Clair  
(O) Owner: MONSANTO  
(P) Street: Route 3  
(Q) City: Sangert (R) State: IL (S) Zip Code: 62201  
(T) Phone: 618/271-5835 (U) County: St. Clair  
(V) Date of Inspection: 7/27/83 (W) Time of Inspection (From) 9:00A (To) 11:33A  
(X) Weather Conditions: ~85° / Sunny

Inspection Report  
Consisted of pages 1-12, 16-20 & 22 & 24

EPA Region 5 Records Ctr.



286743

(Y)	Person(s) Interviewed	Title	Telephone
	<u>Andy Quick</u>	<u>Monsanto/Environmental Specialist</u>	<u>618/271-5835</u>
	<u>Don T. Mayer</u>	<u>Monsanto/Emergency Response Coordinator</u>	<u>618/271-5835</u>
(Z)	Inspection Participants	Agency/Title	Telephone
	<u>Andy Quick</u>	<u>Monsanto/Env. Sp.</u>	<u>618/271-5835</u>
	<u>J. P. EVANS</u>	<u>IEPA/EPD</u>	<u>618/345-4606</u>
(AA)	Preparer Information		
	Name <u>J. P. EVANS</u>	Agency/Title <u>IEPA/EPD</u>	Telephone <u>618/345-4606</u>

## II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- |  |  |
|--|--|
| <p><input checked="" type="checkbox"/> A. Storage and/or Treatment</p> <p>    ① Containers (I)</p> <p>    ② Tanks (J)</p> <p>    3. Surface Impoundments (K)</p> <p>    ④ Waste Piles (L)</p> <p><input type="checkbox"/> B. Land Treatment (M)</p> <p><input type="checkbox"/> C. Landfills (N)</p> | <p><input checked="" type="checkbox"/> D. Incineration and/or Thermal Treatment (O and P)</p> <p><input checked="" type="checkbox"/> E. Chemical, Physical, and Biological Treatment (Q)</p> |
|--|--|

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

**II. GENERAL FACILITY STANDARDS**  
(Part 265 Subpart B)

	Yes	No	NI*	Remark
<b>(A) Has the Regional Administrator been notified regarding:</b>				
1. Receipt of hazardous waste from a foreign source?	<u>      </u>	<u>      </u> ✓	<u>      </u>	
2. Facility expansion?	✓ <u>      </u>	<u>      </u>	<u>      </u>	<i>Facility possible expanding in regards to the addition of an incinerator</i>
<b>(B) General Waste Analysis:</b>				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	✓ <u>      </u>	<u>      </u>	<u>      </u>	
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	✓ <u>      </u>	<u>      </u>	<u>      </u>	
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	✓ <u>      </u>	<u>      </u>	<u>      </u>	
<b>(C) Security - Do security measures include: (if applicable)</b>				
1. 24-Hour surveillance?	✓ <u>      </u>	<u>      </u>	<u>      </u>	
2. Artificial or natural barrier around facility?	✓ <u>      </u>	<u>      </u>	<u>      </u>	
3. Controlled entry?	✓ <u>      </u>	<u>      </u>	<u>      </u>	
4. Danger sign(s) at entrance?	✓ <u>      </u>	<u>      </u>	<u>      </u>	
<b>(D) Do Owner or Operator Inspections Include:</b>				
1. Records of malfunctions?	✓ <u>      </u>	<u>      </u>	<u>      </u>	
2. Records of operator error?	✓ <u>      </u>	<u>      </u>	<u>      </u>	
3. Records of discharges?	✓ <u>      </u>	<u>      </u>	<u>      </u>	

\*Not Inspected

Yes No NI\* Remarks

4. Inspection schedule?

✓

5. Safety, emergency equipment?

✓

6. Security devices?

✓

7. Operating and structural devices?

✓

8. Inspection log?

✓

(E) Do personnel training records include: (55-11-5-12-2-1)

1. Job titles?

✓

2. Job descriptions?

✓

3. Description of training?

✓

4. Records of training?

✓

5. Have facility personnel received required training by 5-19-81?

✓

6. Do new personnel receive required training within six months?

✓

Collected since previous inspection of 3/27/81

(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?

1. Special handling?

✓

2. No smoking signs?

✓

3. Separation and protection from ignition sources?

✓

No smoking allowed in plant

\*Not Inspected

IV. PREPAREDNESS AND PREVENTION:  
(Part 265 Subpart C)

(A) Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?

Yes No NI\* Remarks

\_\_\_ ✓ \_\_\_

(B) If required, does the facility have the following equipment:

1. Internal communications or alarm systems?

✓ \_\_\_

2. Telephone or 2-way radios at the scene of operations?

✓ \_\_\_

3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

✓ \_\_\_

*Monsanto operates its own Fire Dept - several pumps capable of dispensing foam & w/ H<sub>2</sub>O*

Indicate the volume of water and/or foam available for fire control: foam & w/ H<sub>2</sub>O

(C) Testing and Maintenance of Emergency Equipment:

1. Has the owner or operator established testing and maintenance procedures for emergency equipment?

✓ \_\_\_

*Tested at least on a quarterly basis.*

2. Is emergency equipment maintained in operable conditions?

✓ \_\_\_

(D) Has owner or operator provided immediate access to internal alarms? (if needed)

✓ \_\_\_

(E) Is there adequate aisle space for unobstructed movement?

✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:  
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the following information:

Yes No NI\* Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

✓

✓

✓

✓

✓

Collected since last inspection

Collected since last inspection

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No emergency has occurred to date to enact the contingency plan.

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING  
(Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are records of past shipments retained for 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discrepancies to date

\*Not Inspected

## (C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

✓

2. Does the operating record contain the following information:

\*\*b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

— — N/A

Doesn't receive haz waste from off site

- c. The location and quantity of each hazardous waste within the facility?

✓

\*\*\*d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

— — N/A

- e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓

- f. Reports detailing all incidents that required implementation of the Contingency Plan?

— — N/A

Contingency plan has not been utilized to date

- g. All closure and post closure costs as applicable? (Effective 5-19-81)

✓

\*\* See page 33252 of the May 19, 1980, Federal Register.

\*\*\* Only applies to disposal facilities



VII. CLOSURE AND POST CLOSURE  
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	✓	—	—	
2. Has this plan been submitted to the Regional Administrator	✓	—	—	has been submitted to
3. Has closure begun?	—	✓	—	Region VII rather than
4. Is closure estimate available by May 19, 1981?	✓	—	—	
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				
	—	—	—	N/A

VIII. FACILITY STANDARDS  
(Part 265, Subparts I thru R)

I  
USE AND MANAGEMENT OF CONTAINERS

Facility Name: Monsanto / W.G. Kemmich Date of Inspection: 7/27/83

	Yes	No	NI*	Remarks
1. Are containers in good condition?	✓	—	—	
2. Are containers compatible with waste in them?	✓	—	—	
3. Are containers stored closed?	✓	—	—	
4. Are containers managed to prevent leaks?	✓	—	—	
5. Are containers inspected weekly for leaks and defects?	✓	—	—	
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	✓	—	—	

	Yes	No	NI*	Remarks
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

J  
TANKS

Facility Name: Monsanto / W.G. Klemmich Date of Inspection: 7/27/83

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	<u>all closed tanks</u>
3. Do continuous feed systems have a waste-feed cutoff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are waste analyses done before the tanks are used to store a substantially different waste than before?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are required daily and weekly inspections done?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tank capacity: < 20,000 gallons

Tank diameter:                                  feet

Distance of tank from property line Greater than 50' feet

**K**

Facility Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?
2. Do earthen dikes have protective covers?
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?
4. Is the freeboard level inspected at least daily?
5. Are the dikes inspected weekly for evidence of leaks or deterioration?
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)

## WASTE PILES

Facility Name: Monsanto/WG KrummrichDate of Inspection: 7/27/83

	Yes	No	NI*	Remarks
1. Are waste piles covered or protected from dispersal by wind?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste pile is placed on a concrete base surrounded on 3 sides by a 41 high side wall.
2. Is each in-coming movement of waste analyzed before being added to the waste pile?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	no 2 waste pile is utilized for only mud gas from pre-treatment of Hg waste
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.258? (The effective date of this provision is Nov. 19, 1981.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	only run-off is collected and run through pre-treatment system again
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	Waste contained in
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	Waste pile is non-reactive & is not ignitable
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	
7. Are piles of incompatible waste protected by barriers or distance from other waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

O and P  
★ INCINERATION and THERMAL TREATMENT

(A) Facility Name: Mansanto / W.G. Krummrich

(B) Date of Inspection: 7/27/73

*★ Incinerator not operable at the time of inspection  
 only in possible planning stage*

I. Determination of Steady State

A. Type of unit (i.e., type of incinerator or thermal treatment): \_\_\_\_\_

B. Components and steady state condition:

\*\*\*\* Was this component at SS prior to adding waste?

Component	Yes	No	NI*	Remarks
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

II. Waste Analysis

A. Minimum requirements, for wastes not previously burned/treated.

1. Required analyses; has an analysis been performed for the following?	Yes	No	NI*	Remarks
a. Heating value	_____	_____	_____	_____
b. Halogen content	_____	_____	_____	_____
c. Sulfur content	_____	_____	_____	_____

2. Has documented or written data been substituted for analysis of either:

a. Lead?

\_\_\_\_\_

b. Mercury?

\_\_\_\_\_

B. List other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)

Remarks

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### III. Monitoring and Inspections

Yes No NI\* Remarks

A. Are combustion/emission control instruments monitored at least every 15 minutes?

\_\_\_\_\_

B. Is steady state maintained or corrections attempted?

\_\_\_\_\_

C. Is stack plume observed at least hourly for normal color and opacity?

\_\_\_\_\_

D. Did any stack observations made by owner or operator show a plume different than normal?\*\*

\_\_\_\_\_

E. If yes to D above, were corrections made to return emissions to normal appearance?\*\*

\_\_\_\_\_

F. Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?

\_\_\_\_\_

G. Are emergency shutdown controls and system alarms checked daily for proper operation?

\_\_\_\_\_

\*Not Inspected

\*\*Specify in Remarks for what period of time this was checked.

# IV. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

	Yes	No	NI*	Remarks
1. Does this facility burn <u>only</u> waste explosives? (A <u>No</u> answer means <u>other</u> hazardous waste is <u>open</u> -burned.)				
2. If this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below)				

N/P  
↓

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others		
0 to 100.....	204 m	670	ft
101 to 1,000.....	380 m	1,250	ft
1,001 to 10,000.....	530 m	1,730	ft
10,001 to 30,000.....	690 m	2,260	ft

Q

## CHEMICAL, PHYSICAL and BIOLOGICAL TREATMENT

Facility Name: MONSANTO/W. G. Keumlich  
Date of Inspection: 7/27/83

	Yes	No	NI*	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure?	✓			
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system?)	✓			

\*Not Inspected

	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are inspection procedures followed according to 265.403?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the special requirements fulfilled for ignitable or reactive wastes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.22 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

#### IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

#### 1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name, mailing address, telephone number, and EPA ID Number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the owner or operator submit exception reports when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	manifest has not had any discrepancies to date

## 2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) If required, are placards available to transporters of hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

## VI. RECORDKEEPING and REPORTING

Yes	No	NI*	Remarks
-----	----	-----	---------

- (A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?

✓                  

- (B) Has the generator submitted Annual Reports and Exception Reports as required?

✓

## VII. INTERNATIONAL SHIPMENTS

### (Part 262, Subpart E)

Has the installation imported  
or exported Hazardous Waste?

                          

(If answered Yes, complete the following as applicable.)

1. Exporting Hazardous waste,  
has a generator:

- a. Notified the Administrator  
in writing?

\_\_\_\_\_

- b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

\_\_\_\_\_

- c. Met the Manifest requirements?

2. Importing Hazardous Waste,  
has the generator:

Met the manifest requirements?

## REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

MONSANTO APPEARED TO BE IN GENERAL COMPLIANCE AT THE TIME OF THE INSPECTION. THE NOTED DEFICIENCIES OF THE 3/27/91 INSPECTION (265.16 (d) (1)-(3), 265.52 (c), & 265.53 (b)) HAVE BEEN CORRECTED, & INCORPORATED INTO COMPANY'S RECORDS.

- Note ~~sub~~ should be made that a closure plan with cost estimation & proof of financial responsibility has been submitted to the U.S. EPA. HOWEVER W. G. Krummich's plan was submitted in a package of other monsanto's facility plans to U.S. EPA Hdqtrs. in Region VII Kansas City rather than Region I Chgo & IEPA/Spfd.